



# State of New Hampshire 2004 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2004

ANNUAL REPORTS RECEIVED AFTER APRIL 15, 2004,  
WILL BE ASSESSED A \$50.00 LATE FEE.

Filed

Date Filed: 03/31/2004

Business ID: 11995

William M. Gardner

Secretary of State

HOWARD PAGE ALUMINUM & VINYL PRODUCTS CO., INC.

200 DRAKESIDE RD, PO BOX 215

HAMPTON, NH 03842

ADDRESS OF PRINCIPAL OFFICE:

200 DRAKESIDE RD, PO BOX 215

HAMPTON, NH 03842

1 REGISTERED AGENT AND OFFICE:

LOIS A. PAGE

200 DRAKESIDE RD. PO.BOX 215

HAMPTON, NH 03842

ENTITY TYPE: CORPORATION

BUSINESS ID: 011995

STATE OF DOMICILE: NH

FEDERAL ID: 020353023

HOME IMPROVE. ALUMINUM SIDING WINDOWS DR

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address

☐ The new principal office address

PO Box is acceptable.

## OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
(MUST LIST AT LEAST ONE OFFICER BELOW)

NAME Lois A. Page  
STREET P.O.Box 215  
CITY/STATE/ZIP Hampton, N.H. 03843-0215

NAME Nathan G. Page  
STREET 200 Drakeside Rd.  
CITY/STATE/ZIP Hampton, N.H. 03842

NAME  
STREET  
CITY/STATE/ZIP

NAME  
STREET  
CITY/STATE/ZIP

## BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME Lois A. Page  
STREET P.O.Box 215  
CITY/STATE/ZIP Hampton, N.H. 03843-0215

NAME Nathan G. Page  
STREET 200 Drakeside Rd.  
CITY/STATE/ZIP Hampton, N.H. 03842

NAME  
STREET  
CITY/STATE/ZIP

NAME  
STREET  
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, Director, or any other person authorized by the board of directors.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Please print name and title of signer:

NAME

TITLE

REPORT FEE IS: \$100.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE  
RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529